

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			10-24-94
<b>FORMALITY REVIEW</b>	f.k.		27 Jan 95

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral) ...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Final Original	Date
1	✓ ✓	25-24-23
2	✓	
3	✓	
4	✓	
5	✓	
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10	✓ ✓ ✓	
11	✓ ✓ ✓	
12	✓	
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14	✓ ✓	
15	✓	
16	✓ ✓	
17	✓	
18	✓	
19	○	
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27	✓ ✓	
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Claim	Date
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Claim	Date				
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here